

6-27-05

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PTO/SB/21 (09-04)
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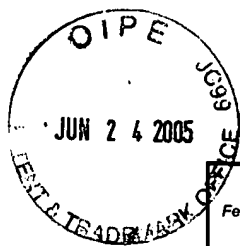
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|-----------------------------------------------------------------------------------------|----|------------------------|------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/758,948-Conf. #6174 |
| | | Filing Date | January 16, 2004 |
| | | First Named Inventor | Brian D. Dennis |
| | | Art Unit | 3644 |
| | | Examiner Name | G. L. Barefoot |
| Total Number of Pages in This Submission | 23 | Attorney Docket Number | 367618003US1 |

| ENCLOSURES (Check all that apply) | | |
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| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard; Check for \$180.00; PTO/SB/08a; Copy of JP 07304498 |
| Remarks Copy of JP 07304498 page count not included | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--------------------------------------------|------------------|----------|--------|
| Firm Name | PERKINS COIE LLP | | |
| Signature | | | |
| Printed name | Aaron J. Poledna | | |
| Date | June 24, 2005 | Reg. No. | 54,675 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV622660987US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 24, 2005 Signature: Rosie Price (Rosie Price)



PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|-------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2005 | | Application Number | 10/758,948-Conf. #6174 |
| | | Filing Date | January 16, 2004 |
| | | First Named Inventor | Brian D. Dennis |
| | | Examiner Name | G. L. Barefoot |
| | | Art Unit | 3644 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | 367618003US1 |
| TOTAL AMOUNT OF PAYMENT | (\$) 180.00 | | |

| | |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| METHOD OF PAYMENT (check all that apply) | |
| <input checked="" type="checkbox"/> Check | <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: <u>50-0665</u> Deposit Account Name: <u>Perkins Coie LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|--------------------------------|------------------------------|----------------------------------|------------------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Small Entity Fee (\$) | |
| Fee Description | | | | | | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | Multiple Dependent Claims | | |
| 50 | - 50 = 0 | x | | | Fee (\$) | Fee Paid (\$) | |
| | | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | |
| 8 | - 8 = 0 | x | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | | |
| | - 100 = | /50 | (round up to a whole number) x | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | Fees Paid (\$) | |
| Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement | | | | | | 180.00 | |

| | | | |
|---------------------|------------------|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 54,675 |
| Name (Print/Type) | Aaron J. Poledna | Telephone | (206) 359-8000 |
| | | Date | June 24, 2005 |

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Dated: June 24, 2005 Signature: Rosie Price (Rosie Price)